IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

SCHWEIGHOFFER et al. TC/A. U. 1627	In re Patent Application of	Atty	BJS-3665-167				
Serial No. 10/560,774 Examiner: Javanmard Date: January 7, 2010		Dkt.	C#	M#			
Filed: December 14, 2005 Date: January 7, 2010 Title: USE OF PYRAZOLOPYRIDINES FOR THE TREATMENT OF COGNITIVE DEFICITS Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Sir: RESPONSE/AMENDMENT/LETTER	SCHWEIGHOFFER et al.	TC/A.U.	1627				
Title: USE OF PYRAZOLOPYRIDINES FOR THE TREATMENT OF COGNITIVE DEFICITS Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Sir: **RESPONSE/AMENDMENT/LETTER** This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon. Correspondence Address Indication Form Attached. Fees are attached as calculated below: Total effective claims after amendment previously paid for 20 (at least 20) = 0 x \$52.00 \$0.00 (1202)/\$0.00 (2202) \$0.00 (100) (100)/\$0.00 (100) (100)/\$0.00	Serial No. 10/560,774	Examiner:	Javanmard				
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Previously paid for 3	Total effective claims after amendment				\$	0.00	
Signo (1203)/\$195.00 (2203) \$ 0.00					\$	0.00	
Petition is hereby made to extend the current due date so as to cover the filling date of this paper and attachment(s) One Month Extensions \$130.00 (1251)/\$65.00 (2251) Two Month Extensions \$490.00 (1252)/\$245.00 (2252) Three Month Extensions \$1110.00 (1253/\$555.00 (2253) Four Month Extensions \$1730.00 (1254/\$865.00 (2254) Five Month Extensions \$2350.00 (1255/\$1175.00 (2255) \$ 0.00 Terminal disclaimer enclosed, add \$140.00 (1814)/\$70.00 (2814) \$ 0.00 Applicant claims "small entity" status. Statement filed herewith Rule 56 Information Disclosure Statement Filing Fee \$180.00 (1806) \$ 0.00 Assignment Recording Fee \$40.00 (8021) \$ 0.00 Other: \$ 0.00 CREDIT CARD PAYMENT FORM ATTACHED. The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filled, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140. 901 North Glebe Road, 11th Floor Arlington, Virginia 22203-1808 Telephone: (703) 816-4000 Facsimile: (703) 816-4000 Facsimile: (703) 816-4000							
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